

ICD-10 Provider Informational Series, Part III: Provider Impact

As a result of feedback from MaineCare's Provider Readiness survey participants, we have developed an ICD-10 Informational Series for providers in order to share information and to direct you towards preparing for transitioning from ICD-9 to ICD-10.

The informational series will include the following parts or topics:

- Part I: Overview of Provider Survey Results
- Part II: MaineCare's Provider Outreach Plan
- Part III: ICD-10 Provider Impact
- Part IV: Example of Coding Changes
- Part V: Provider Preparation/Helpful Hints

Provider Readiness Survey results indicated that providers would benefit from understanding how ICD-10 will impact them. As a result, MaineCare would like to share the information below, which describes some of the ways in which ICD-10 might impact your practice. For more detailed information, please see the resources listed at the bottom of this message.

What is Changing?

On October 1, 2015, the health care industry will transition from using ICD-9 to ICD-10 codes for diagnoses and procedures. This change will have a significant impact on provider and MaineCare processes.

How are ICD-10 Codes Different from ICD-9 Codes?

ICD-9 Codes

Three to five characters
Approx. 14,000 diagnosis codes
Approx. 4,000 procedure codes
Does not include laterality

ICD-10 Codes

Up to seven characters
Approx. 69,000 diagnosis codes
Approx. 72,000 procedure codes
Diagnosis codes include laterality

How Will ICD-10 Affect Your Practice?

ICD-9 codes are used by many providers in business processes and technology systems. Providers need to make changes to their processes and technology to support ICD-10 and continue uninterrupted transactions with payers, including MaineCare.

- Replacement of all ICD-9 codes
 - The ICD-10 code set is a full replacement of the ICD-9 code set.
 - In most cases there is an approximate one-to-one match but not always. One ICD-9 code may correspond to many ICD-10 codes.
 - Centers for Medicaid and Medicare Services (CMS) has provided a tool, called General Equivalence Mappings (GEMs) that can assist providers with determining which ICD-10 codes to use. You can access GEMS on the [CMS website](#).
- Changes to billing and submitting claims
 - All discharges and services provided on or after October 1, 2014 must use ICD-10 codes. If ICD-9 codes are submitted for dates of service on or after October 1, 2014, claims will deny.
 - Payment amount may be impacted depending on which ICD-10 codes are used for billing.
- Changes to your operations
 - Whereas ICD-9 codes consist of 3-5 digits, ICD-10 codes consist of 3-7 alpha-numeric characters.
 - Business processes, systems (e.g., practice management and clinical software, billing systems), and paper and electronic forms may need to be modified to accommodate the new, longer codes.

Why Transition to ICD-10?

- Better reflects current medical practices
- Provides more specific data from clinical documentation
- Supports patient care coordination across clinical settings
- Improves public health reporting and tracking

For more information, go to [MaineCare's ICD-10 webpage](#) or [CMS's ICD-10 Provider Resources' webpage](#). Please send questions about ICD-10 to MaineCare's [ICD-10 email box](#).